

CASE #: _____

DATE REC'D: _____
RECEIPT #: _____

CONDITIONAL PERMIT, SPECIAL EXCEPTIONS OR APPEAL REQUEST

1. NAME OF APPLICANT: _____
2. MAILING ADDRESS: _____
3. OWNER OF PROPERTY (IF DIFFERENT FROM APPLICANT): _____
4. TELEPHONE NUMBER (BETWEEN 8:00 & 4:00): _____
5. ADDRESS FOR WHICH VARIANCE IS REQUESTED: _____
6. SUBDIVISION: _____ LOT #: _____
7. ZONING OF PROPERTY: _____
8. TAX MAP NUMBER: _____
9. TYPE OF APPEAL, VARIANCE OR SPECIAL PERMIT REQUESTED (BE SPECIFIC): _____

10. LIST HAMILTON COUNTY ZONING REGULATION IN WHICH APPEAL, VARIANCE OR SPECIAL PERMIT IS BEING REQUESTED FROM: _____

I HEREBY CERTIFY THAT SUCH VARIATION FROM THE HAMILTON COUNTY ZONING REGULATIONS OR GRANTING OF A CONDITIONAL PERMIT WILL NOT; (1) IMPAIR AN ADEQUATE SUPPLY OF LIGHT AND AIR TO ADJACENT PROPERTY, (2) INCREASE THE HAZARD FROM FIRE AND OTHER DANGERS TO SAID PROPERTY, (3) DIMINISH VALUE OF LAND AND BUILDINGS THROUGHOUT THE SURROUNDING AREA, (4) INCREASE THE CONGESTION OR TRAFFIC HAZARDS IN THE PUBLIC STREETS OR HIGHWAY, AND (5) OTHERWISE IMPAIR THE PUBLIC, HEALTH, SAFETY, COMFORT, MORALS, AND GENERAL WELFARE OF THE INHABITANTS OF HAMILTON COUNTY.

ALSO, I HEREBY CERTIFY THAT THE FACTS SET OUT IN THE FOREGOING REQUEST ARE TRUE TO THE BEST OF MY INFORMATION AND BELIEF. I UNDERSTAND THAT FAILURE TO PROVIDE ADEQUATE AND COMPLETE INFORMATION SHALL BE GROUNDS FOR POSTPONEMENT OR DENIAL OF THIS APPLICATION.

APPLICANTS SIGNATURE: _____

A CHECK PAYABLE TO THE HAMILTON COUNTY TRUSTEE MUST ACCOMPANY THIS REQUEST: \$25.00

SEND PAYMENT TO: HAMILTON COUNTY BUILDING INSPECTION DEPT
1250 MARKET STREET, SUITE #1020
CHATTANOOGA TN 37402

IF THE REQUEST IS FOR A TEMPORARY TRAILER, THE PETITION WAS GRANTED FOR _____ MONTHS.

THE ABOVE PETITION WAS / NOT GRANTED

CHAIRMAN: _____ DATE: _____

EXPLANATION FOR VARIANCE

1.) PLEASE STATE BELOW: HOW THE STRICT APPLICATION OF THE HAMILTON COUNTY ZONING REGULATIONS WOULD RESULT IN PRACTICAL DIFFICULTY OR UNNECESSARY HARDSHIP TO THIS PROPERTY OR BUILDING PROJECT

2.) PLEASE STATE WHETHER YOUR PROPERTY HAS EXCEPTIONAL NARROWNESS, SHALLOWNES, SHAPE OR OTHER EXTRAORDINARY AND EXCEPTIONAL SITUATION OR CONDITION AND HOW THE STRICT APPLICATION OF THE ZONING REGULATIONS WOULD RESULT IN PECULIAR AND EXCEPTIONAL PRACTICAL DIFFICULTIES TO YOU OR EXCEPTIONAL AND UNDUE HARDSHIP UPON YOU

3.) DID YOU CAUSE THE PRACTICAL DIFFICULTY OR UNNECESSARY HARDSHIP?

REQUEST AUTHORIZATION

**TO BE SIGNED BY PROPERTY OWNER
(THIS FORM MUST BE NOTARIZED)**

I, (NAME) _____ OWNER OF PROPERTY

LOCATED AT (ADDRESS) _____

DO HEREBY ACKNOWLEDGE AND AUTHORIZE THE FILING OF A
REQUEST FOR A CONDITIONAL PERMIT, SPECIAL EXCEPTIONS OR
APPEALS REQUEST ON SAID PROPERTY.

SIGNATURE: _____ DATE: _____

NOTARY:

STATE OF TENNESSEE
COUNTY OF HAMILTON

ON THIS ____ DAY OF _____, _____, BEFORE ME PERSONALLY
APPEARED _____, TO ME KNOWN (OR PROVEN TO
ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON DESCRIBED IN
AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND ACKNOWLEDGED THAT
THEY EXECUTED THE SAME AS THEIR FREE ACT AND DEED.

WITNESS MY HAND AND NOTARIAL SEAL.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

REQUEST AUTHORIZATION

**TO BE SIGNED BY PROPERTY OWNER
COMPANY OR CORPORATION OWNED PROPERTY
(THIS FORM MUST BE NOTARIZED)**

I, (NAME) _____ OWNER OF PROPERTY

LOCATED AT (ADDRESS) _____

DO HEREBY ACKNOWLEDGE AND AUTHORIZE THE FILING OF A
REQUEST FOR A CONDITIONAL PERMIT, SPECIAL EXCEPTIONS OR
APPEALS REQUEST ON SAID PROPERTY.

SIGNATURE: _____ DATE: _____

NOTARY:

STATE OF TENNESSEE
COUNTY OF HAMILTON

BEFORE ME, _____, OF THE STATE AND COUNTY
AFORESAID, PERSONALLY APPEARED _____, WITH
WHOM I AM PERSONALLY ACQUAINTED, AND WHO, UPON OATH, ACKNOWLEDGED
HIMSELF OR HERSELF TO BE _____ OF _____,
THE WITHIN NAME BARGAINOR, A CORPORATION, AND THAT HE OR SHE AS SUCH
_____, BEING AUTHORIZED TO DO SO, EXECUTED THE FOREGOING
INSTRUMENT FOR THE PURPOSE THEREIN CONTAINED BY SIGNING THE NAME OF
THE CORPORATION BY HIMSELF OR HERSELF AS _____ OF
_____.

WITNESS MY HAND AND SEAL, AT OFFICE IN _____
COUNTY, THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____